Item No 5

Coventry and Warwickshire NHS Partnership Trust

Adult Social Care and Health Overview and Scrutiny Committee, 5th September 2012

Child & Adolescent Mental Health Services (CAMHS) Waiting times - September 2012 Update

1. INTRODUCTION

1.1 This paper provides an update on the following:

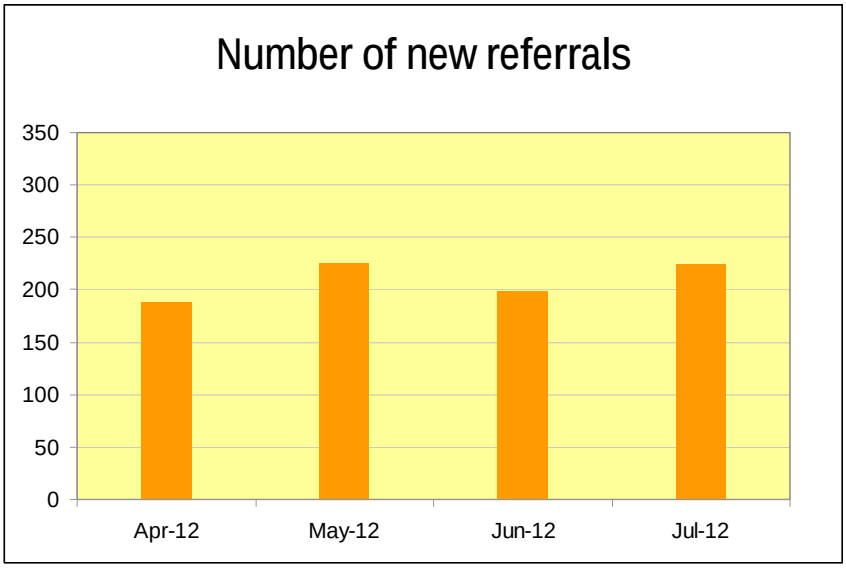
a) The current picture of waiting lists and waiting times;
b) Service outcomes and service user satisfaction;
c) An update on service improvement action.

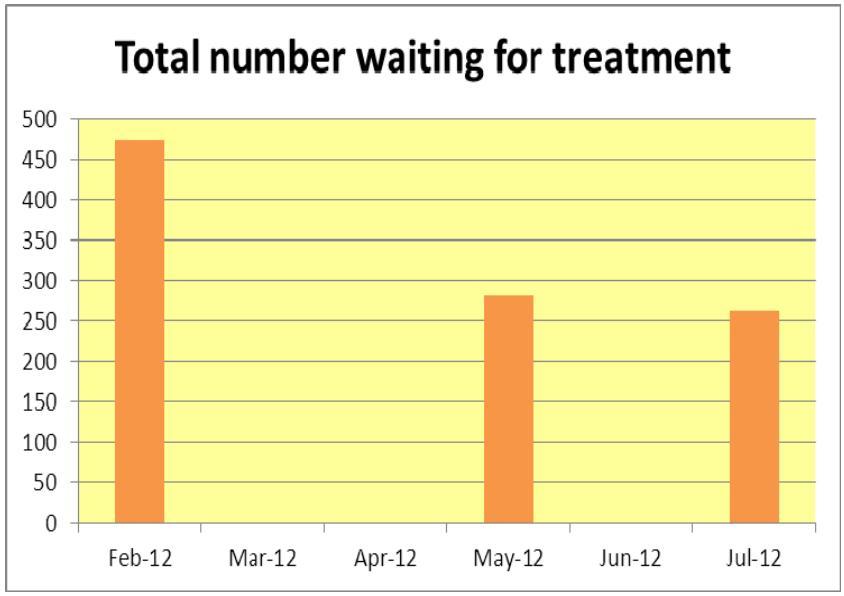
2. CURRENT WAITING LISTS / TIMES

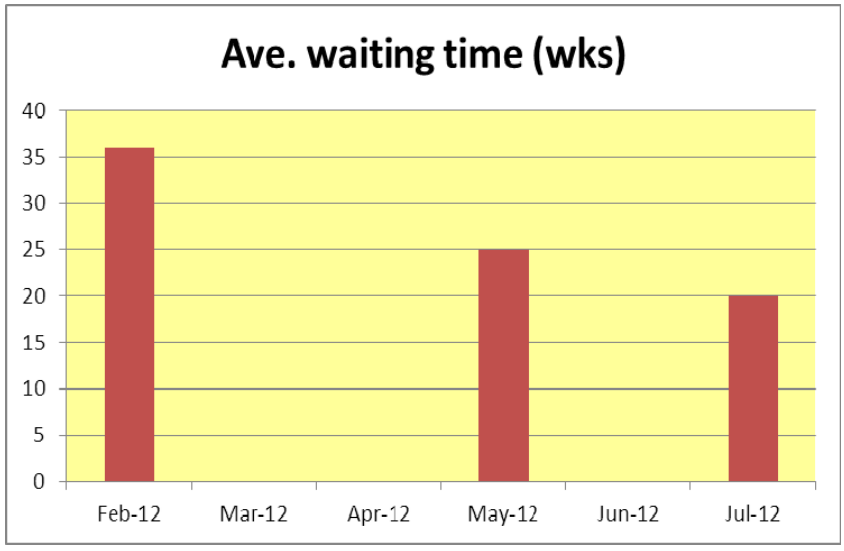
2.1 The following section sets out information about Warwickshire waits as of 31st July 2012.

Warwickshire	At 29.02.12	At 31.05.12	At 31.07.12
Number of Children & young people waiting	473	282	263
Average waiting to access treatment	36 weeks*	25 weeks	20 weeks

*(*Based on data available for children & young people who had been allocated to care pathways).*


Number of new referrals
350
300
250
200
150
100
50
0
Apr-12
May-12
Jun-12
Jul-12


Total number waiting for treatment
500
450
400
350
300
250
200
150
100
50
0
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12


Ave. waiting time (wks)
40
35
30
25
20
15
10
5
0
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12

2.2 The key points of the current picture are:

a) From the end of February to the end of July 2012 there has been a 44% reduction in the total number of children & young people waiting for treatment, from 473 to 263.

b) From the end of February to the end of July 2012 there has been 44% reduction in the overall average waiting time for treatment, from 36 weeks to 20 weeks.

Please see appendix for a more detailed breakdown.

2.3 As previously highlighted, Commissioners have included referral to assessment and assessment to treatment waiting time targets for CAMHS within the current contract.

For Quarter 1 (1st April to 30th June 2012), performance against contractual targets were as follows:

- **Referral to assessment:** 132 waiters, 89% seen within 9 weeks;
- **Assessment to treatment:** 249 waiters, 54% seen within 9 weeks.

The non-achievement of the targets for forthcoming quarters – 95% within 18 weeks, 16 weeks and 14 weeks respectively - will attract financial penalties.

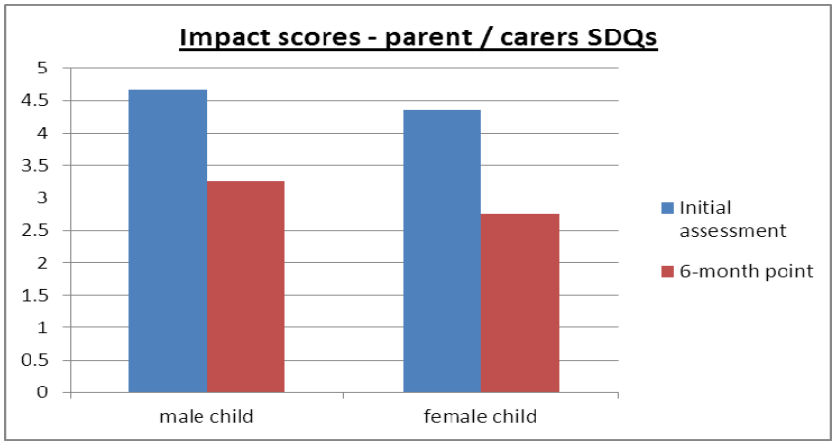
It should be noted that an 18 weeks referral to treatment timeline, is the national norm in relation to health services. So, the contractual targets are more demanding in Quarter 3 and Quarter 4 than the national norm.

3. SERVICE OUTCOMES

3.1 Strength and Difficulty Questionnaires (SDQs) are currently provided to children / young people and their parents / carers respectively at 2 points of the patient journey - initial assessments and follow-up appointments approximately 6 months into treatment. The feedback from these questionnaires provides key outcome data.

3.2 During the 1st Quarter (April – June 2012), 168 SDQs were completed by parents / carers and 78 were completed by children and young people (over 11s, as per guidance).

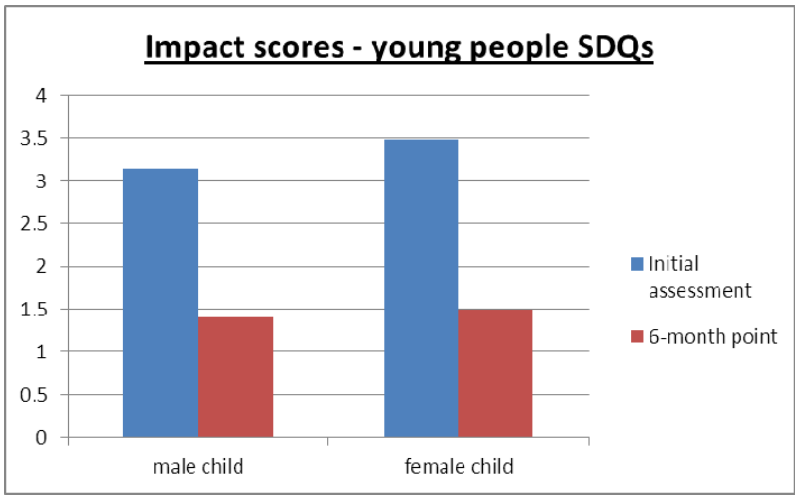
3.3 Parent / carer SDQ reports: The SDQ impact score measures the degree of reported impairment, distress and burden caused by difficulties. The CAMHS Outcome Research Consortium (CORC) data gathered for 62015 children/young people attending CAMHS services in the UK showed the average impact score from parent SDQ's as 3.8 (scores higher than 2 are 'abnormal'). The average figures for Warwickshire are higher, indicating that children / young people are seen as being more severely affected by their difficulties.



The above graph highlights that parent / carer SDQ impact scores for male and female children have decreased, suggesting a reduction in the degree of impairment, distress and burden caused by problems reported at initial appointment after a period of intervention or treatment.

SDQ impact scores of 2 and below indicate 'typical' or 'average' difficulty for males and females. Therefore, the above data highlights that according to parental reports for female children, following a period of intervention or treatment, they have moved from the 'abnormal' clinical range to 'typical' or 'average' range.

3.4 **Young person SDQ reports:** The young people's SDQ impact scores suggest that they were less affected by emotional and behavioural difficulties than their parents thought; however, it is not unusual for young people to under-report difficulties in comparison to parent ratings. The average impact rating for young people within the CORC sample was 3. Young males and females in the Warwickshire sample rate themselves slightly higher than this level.



The above graph highlights a reduction in young males and females reports of their degree of distress, impairment or burden caused by problems reported at initial appointment following a period of intervention or treatment. It is promising to see that both young males and females perceptions of their difficulties have reduced from 'abnormal' to 'typical' ranges.

4. UPDATE ON KEY ACTIONS

4.1 Additional capacity

Additional capacity continues to be provided on an interim basis to address the waiting lists. Some existing part-time CAMHS staff continue to do additional sessions. Locum / temporary staff are also being used. In total this constitutes an additional 7 whole time equivalent staff.

4.2 Clinical pathway development – Autistic Spectrum Disorder

Partners from health, social care and education in Warwickshire have continued to meet to discuss the development of a shared service delivery model and a supporting business case.

A task and finish group met on 19th July to begin drafting the business case to support the proposed ASD service delivery model, drafted by Integrated Children's Services. The meeting was attended by a range of parties, including SWFT (Paediatricians, SALT), Warwickshire Educational Psychology, Warwickshire Integrated Disability Services, CWPT (CAMHS and Paediatricians), Coventry CAMHS Commissioner, Warwickshire CAMHS Commissioner (Chair).

Although the fundamental principles of the draft model were largely accepted, it was agreed that a further meeting involving a sub-group from the above attendees would be required to agree, cost, and risk assess a series of workforce options. A meeting subsequently took place on 2nd August and a follow-up meeting is planned for the 6th September to evaluate the workforce options and complete the business case.

4.3 Waiting list management & booking centre arrangements:

Processes are being put in place to enable CAMHS to better manage the patient journey. The objective is to introduce a streamlined, sustainable and efficient process which provides a simpler path to treatment, makes best use of clinicians' time, and is easier for families to understand.

Work includes the following:

- The proposed launch of an '0300' number, linked to a centralised booking service, as part of a single point of access (SPA).
- Electronic scheduling of all clinics to enable more efficient and effective management of clinical capacity;
- Strengthening of the clinical triaging process;
- Strengthening of the initial assessment process to help to ensure that the most effective interventions / treatment are identified at the earliest possible opportunity;

4.4 **Data quality & validation work:**

Work is continuing within CAMHS to improve data quality. Caseload and activity data is being reviewed with clinicians on a regular basis and checked against the data captured by our information systems. The information systems are also being reviewed as part of the CAMHS improvement project.

5. SUMMARY

5.1 There have been further reductions in waiting lists and waiting times, linked to the additional capacity which continues to be made available and process improvements. Outcomes data indicates that CAMHS treatment / interventions are reducing the difficulties faced by children / young people from 'abnormal' levels to 'typical' or 'average' levels. Positive steps have been taken to progress the development of an ASD care pathway which is more integrated and patient-focused.

6. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED DOCUMENTS

None.

Contacts:

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Ann Aylard, Lead Consultant Psychiatrist
Mandy Whateley, Head of Service

APPENDIX 1: Warwickshire CAMHS Waiting List / Times

CAMHS WARWICKSHIRE WAITING LIST/TIMES End July 2012					
Pathway	**North Warwickshire**	**Rugby**	**Leamington, Warwick & Kenilworth***	**Stratford**	**Total Waiters per Pathway**
Initial assessments	**4**	**4**	**3**	**3**	**14**
Treatment waits					
Complex behaviours	**30** **Ave: 24 wks Range: 7- 42 wks**	**5** **Ave: 22 wks Range: 5 - 35 wks**	**3** **Ave: 10 wks Range: 8 - 14 wks**	**1** **11 wks**	**39**
Emotional distress & wellbeing conditions	**51** **Ave: 20 wks Range: 1 - 42 wks**	**25** **Ave: 19 wks Range: 5 - 26 wks**	**5** **Ave: 15 wks Range: 10 - 20 wks**	**16** **Ave: 17 wks Range: 9 - 30 wks**	**97**
Neuro-developmental conditions (incl ASD)	**39** **Ave: 25 wks Range: 1 - 44 wks**	**19** **Ave: 24 wks Range: 5 - 44 wks**	**26** **Ave : 15 wks Range: 7 - 23 wks**	**28** **Ave: 17.6 wks Range: 2 - 30 wks**	**112**
Psychiatric	**1** **23 wks**	**0**	**0**	**0**	**1**
Treatment waiting times total	**121** **Ave: 23 wks Range: 1 - 44 wks**	**49** **Ave: 21 wks Range: 5 - 44 wks**	**34** **Ave: 14 wks Range: 7 - 23 wks**	**45** **A** **Ave: 17 wks Range: 2 - 30 wks**	**249**
Total waiters: 263 **Overall average wait: 20 weeks**					

** Includes surrounding villages and Southam*